## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents F.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax \$571.273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address and indicated unless connected below or distorted otherwise in Block 1, by (3) agestiving a new correspondence address and conf. (5) indicating a read of the patent of the pat

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  Note:					mailing can only be used	for domestic mailings of the
			Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying pagers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
2030 /390 11/28/2008 Confidence of Mailine or Transmission						
		ID AND CREW, I	I hereby certify that the	is Fee(s) Transmittal is bei	ng deposited with the United	
	ADERO CENTER		States Postal Service	with sufficient postage for fi	rst class mail in an envelope	
EIGHTH FLOOR				transmitted to the USF	TO (571) 273-2885, on the	ng deposited with the United irst class mail in an envelope s above, or being facsimile date indicated below.
SAN FRANCISCO, CA 94111-3834				Aldon Griffis (Depositor's name)		
				February 24, 2009 (Signature)		
APPLICATION NO. FILING DATE					ATTORNEY DOCKET NO.	U ( (Date)
				IRST NAMED INVENTOR		CONFIRMATION NO.
10/517,781 04/20/2005 Saeed R. Khan 018890-000810US 8804						
TITLE OF INVENTION: NOVEL BORONIC CHALCONE DERIVATIVES AND USES THEREOF						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE PREV. PAID ISSU	E FEE TOTAL FEE(S) DU	E DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	03/02/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS			
NWAONICHA, CHUKWUMA O 1621			562-007000			
t. Change of correspondence address or indication of "Fee Address" (37  2. For printing on the patent front page, list  2FR 1.363).  DLA Piper LLP (US						
Change of correspondence address (or Change of Correspondence or agents OR, alternatively,						<u> </u>
(2) the name of a single firm (having as a member a						
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a 2-registered attorney or agent) and the names of up to 2 registered patient sittorneys or agents. If no name is listed, no name will be printed and the same of the printed patient sittorneys or agents. If no name is listed, no name will be printed as the printed patient sitter and the printed patient situation sitter and the printed patient situation sitter and the patient situation			
A ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)						
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Johns Hopkins University, Johns Hopkins Technology Transfer Baltimore, Maryland						
Please check the appropriate assignee category or categories (will not be printed on the patent): 🚨 Individual 🚨 Corporation or other private group entity 🚨 Government						
ia. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)						
Issue Fee A check is enclosed.						
Publication Fee (No small entity discount permitted)  Payment by credit card. Form PTO-2038 is attached.						
Advance Order - # of Copies Ten (10) The Director is hereby authorized to charge the required fee(s), any defliciency, or credit any overpayment, to Deposit Account Number 07-1896 (enclose an extra copy of this form).						
Change in Entity Status (from status indicated above)						
Li a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  Li b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  OTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in						
merest as shown by the records of the United States Patent and Irademark Office.						
Authorized Signature	Elward O.	Lotinsan	43049	Dut.	ruary 24, 2009	
Typed or printer name					29,684	
his collection of information is required by 37 CER [.31]. The information is required to obtain or rotate a bonefit by the public which is to file (and by the USPTO o process) as application. Confidentiality is provened by 31 U.S.C. [.22 and 37 CER [.14]. This collection is relimined to bet 12 minutes to complete, integrating substrating repressing, and substituting the completed application from to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time year. For this form undero suppersions for reducing this bureds, should be sent to the Chill efformation officer. U.S. Patest and Tribmants Officer, U.S. Department of Commerce, 20. lost 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Intendict. Virginia 22315-1450.						
inder the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMR control number						